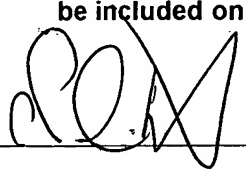
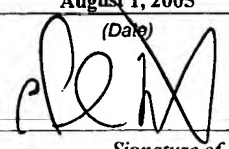


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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> <b>LVIP:110US</b>																																											
<b>Applicant(s): Heinz Plank</b>																																																
<b>Application No.</b> 10/789,529	<b>Filing Date</b> 02/27/2004	<b>Examiner</b> Jyoti Nagpaul	<b>Customer No.</b> 24041	<b>Group Art Unit</b> 1743	<b>Confirmation No.</b> 9269																																											
<b>APPARATUS AND METHOD FOR IMMUNOLOGICAL LABELING FOR THIN TISSUE SECTIONS</b>																																																
<div style="float:left; border:1px solid black; border-radius:50%; padding:10px; text-align:center; width:150px;"><b>Patent</b> AUG 04 2005 PATENT &amp; TRADEMARK OFFICE</div> <div style="clear:both"></div> <p style="text-align:center"><b>COMMISSIONER FOR PATENTS:</b></p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width:100%"><tr><th colspan="7">CLAIMS AS AMENDED</th></tr><tr><th></th><th>CLAIMS REMAINING AFTER AMENDMENT</th><th>HIGHEST # PREV. PAID FOR</th><th>NUMBER EXTRA CLAIMS PRESENT</th><th colspan="2">RATE</th><th>ADDITIONAL FEE</th></tr><tr><td>TOTAL CLAIMS</td><td>11 -</td><td>26 =</td><td>0</td><td>x</td><td>\$50.00</td><td>\$0.00</td></tr><tr><td>INDEP. CLAIMS</td><td>1 -</td><td>3 =</td><td>0</td><td>x</td><td>\$200.00</td><td>\$0.00</td></tr><tr><td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td>\$0.00</td></tr><tr><td colspan="6" style="text-align:right"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b></td><td><b>\$0.00</b></td></tr></table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0822</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display:flex; justify-content:space-between; align-items:flex-end; margin-top:20px;"><div style="width:45%; text-align:center;"> _____ <i>Signature</i></div><div style="width:45%; text-align:right;">Dated: August 1, 2005</div></div> <div style="display:flex; justify-content:space-between; margin-top:20px;"><div style="width:45%; border:1px solid black; padding:5px;"><b>C. Paul Maliszewski</b> <b>Registration No. 51,990</b> <b>Simpson &amp; Simpson, PLLC</b> <b>5555 Main Street</b> <b>Williamsville, NY 14221-5406</b> <b>Telephone No. 716-626-1564</b></div><div style="width:45%; border:1px solid black; padding:5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p style="text-align:center;">August 1, 2005 (Date)</p><div style="text-align:center;"> _____ <i>Signature of Person Mailing Correspondence</i></div><p style="text-align:center;"><b>C. Paul Maliszewski</b> <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div></div> <div style="display:flex; justify-content:space-between; margin-top:20px;"><div style="width:45%;">CPM/KRB CC:</div><div style="width:45%;"></div></div>							CLAIMS AS AMENDED								CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE		ADDITIONAL FEE	TOTAL CLAIMS	11 -	26 =	0	x	\$50.00	\$0.00	INDEP. CLAIMS	1 -	3 =	0	x	\$200.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						\$0.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>						<b>\$0.00</b>
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Attorney Docket No.: LVIP:110US  
U.S. Patent Application No. 10/789,529  
Reply to Office Action of May 20, 2005  
Date: August 1, 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

U.S. Patent Application No.: 10/789,529

Confirmation No.: 9269

Applicant(s): PLANK, Heinz

Customer No.: 24041

Filed: February 27, 2004

For: APPARATUS AND METHOD FOR  
IMMUNOLOGICAL LABELING FOR  
THIN TISSUE SECTIONS

TC/Art Unit: 1743

Examiner: NAGPAUL, Jyoti

Docket No.: LVIP:110US

**Certificate of Mailing by First Class Mail**

I certify that this correspondence is being deposited on August 1, 2005 with the U.S. Postal Service as first class mail under 37 C.F.R. §1.8 and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

C. Paul Maliszewski

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Honorable Sir:

This is a Reply to the Office Action dated May 20, 2005 regarding the above-identified patent application.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.